	OIPE		PART B	- FEE (8)	TRANSMITTAL			
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	\ <u>~</u>	& /		or E	<u>ax</u> (703) 746-4000	1		
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	MOSER, PATTERSON & SHERIDAN L.L.P. 595 SHREWSBURY AVE, STE 100 FIRST FLOOR SHREWSBURY NI 02700					Certificate of Mailing or Transmission I hereby certify that this Fee(8) Transmitts is being deposited with the United States Postal Service with sufficient postage for first class mall in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facaimile transmitted to the USFTO (703) 746-4000, on the date indicated below.		
07/26/	SHREWSBURY 2005 HDEHESSE 00000	1027 200782 0969477	9 .		SUJATA BAROT (Depositor's name)			
01 FC:	1501 1400.00	DA			(Signature)			
02 FC:				7-25-	1-25-05			
	APPLICATION NO.	FILING DATE	I	TRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	09/694,779 10/24/2000			Gerrit Ble	umer	2455-4581US1	8575	
	TITLE OF INVENTION: METHOD FOR GENERATING MANY-TIME RESTRICTIVE BLIND SIGNATURES							
	APPLN. TYPE	SMALL ENTITY	issue fe	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	МО	\$1400		20	\$1400	07/29/2005	
	EXAMINER		ART UNIT		CLASS-SUBCLASS			
	Callahan, Paul e		2137		713-180000			
	1. Change of correspondence address or indication of "Fee Address" CFR 1.363). 3. Change of correspondence address (or Change of Correspond Address form PTO/SB/122) attached. 3. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Casta Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys to agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
	recordation as act forth	in 37 CFR 3.11. Completion	of this form is NOT	ata will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment.				
	(A) NAME OF ASSIGN	NEE	(B)	(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
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☐ A check in the amount of the fee(☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PT								
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				m Fee (if any) from anyone of ffice.	or to re-apply any previous her than the applicant; a re-	sly paid lame fee to the applicate gustared attorney or agent, or the	ion identified above. sassignee or other party in	
	Authorized Signature	22/2/	her		Detc	7/25/05		
	Typed or printed name Kin-Wah Tong			Registration No. 39,400				
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PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007. OMB 0651-0033 11.5 Patent and Trademark Office: 11.9 TORRABTACK COMMERCE PAGE 2/3 * RCVD AT 7/25/2005 4:22:27 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/24 * DNIS:7464000 * CSID:732 530 9808 * DURATION (mm-ss):01-30